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Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:)	Group Art Unit: Unknown
)	
IHDE)	
)	Examiner: Unassigned
Application No: 09/614,065)	
)	Atty. Docket No: ADAPP136
Filed: July 11, 2000)	
)	Date: March 2, 2001
For: METHODS FOR WRITING AND)	
READING COMPRESSED AUDIO DATA)	
_____)	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on March 2, 2001.

Signed: _____

Neely Jo Weldy
Neely Jo Weldy

REQUEST FOR FILING RECEIPT

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JUL 06 2001

Technology Center 2600

Commissioner for Patents
Washington, D. C. 20231

Sir:

Applicant hereby requests a filing receipt for the above-referenced patent application. This application was filed on July 11, 2000, and no filing receipt has been received as of this date.

Applicant believes no fee is due in connection with this request, as no original filing receipt was received. However, if it is determined that any fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 50-0805 (Order No. ADAPP136).

Respectfully submitted
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Bib Data Sheet

CONFIRMATION NO. 1393

SERIAL NUMBER 09/614,065	FILING DATE 07/11/2000 RULE	CLASS	GROUP ART UNIT 2651	ATTORNEY DOCKET NO. ADAPP136
APPLICANTS Wayne Ihde, Boulder, CO; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/29/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CO	SHEETS DRAWING 8	TOTAL CLAIMS 21
INDEPENDENT CLAIMS 3				
ADDRESS 25920				
TITLE Methods for optical disc sector verification				
FILING FEE RECEIVED 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	